PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/870 793												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			8					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. Ø,			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		. 7			X40=		OR	X80=	
MUI	TIPLE DEPEN	DENT CLAIM PI	IESENT					+135=	3	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR		710
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								TOTA	L ENTITY	OR	TOTAL OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	. 8	Minus	2	0	= /		X\$ 9		OR	X\$18=	\ /
ME	Independent	• 1	Minus	***	3	. U		X40=	•	OR	<b>X</b> 80=	$\bigvee$
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM			+135	at John	ÓΒ		
TOTAL ADDIT, FEE OR ADDIT, FEE												4
AMENDMENT B		REMAINING AFTER AMENDMENT		NUI PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATI	ADDI- TIONAL FEE	1.	RATE	ADDI- TIONAL FEE
	Total	8	Minus	0	<i>20</i>	<u>-</u>		X\$ 9	=	OF	X\$18=	
	independent	• /	Minus	•••	3	-U	1	X40	=	$\bigcap_{OF}$	X80=	\/
Ш	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		L	+135	=	OF	•	X
		•		•				TO ADDIT. F		OF	ADDIT. FE	
		(Column 1)		(Cole	umn 2)	(Column 3	)	ADDII. P				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RAT	ADDI- TIONA FEE		PATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	1	X\$ 9		OF	X\$18=	ï
	Independent	•	Minus	***		=		X40		1	You	
5	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OF	`	
	If the enter in act.	Imp 1 is lace them	the entry in	himn 2 wi	ite "0" in ^	okume 3		+135		OF	+270=	
**	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											E
	The "Highest Nur	mber Previously P	aid For (Total	or Indepe	ndent) is th	e highest num	ber t	ound in th	e appropriate	box in	column 1.	

Application/or Docket Number